

Criteria for Admission to either SCI Primary Care Clinic or the SCI Inpatient Unit for Non-VA Referral Sources (i.e. discharge planners, physicians, nurses, etc.)

Eligible mechanisms of spinal cord injury/disease

- Traumatic lesions of the spinal cord and cauda equina.
- Intraspinal neoplasms limited to the spinal cord or spine, and resulting in cord damage.
- Vascular insults of the cord of a thromboembolic, hemorrhagic, or ischemic nature.
- Inflammatory disease of the spine, spinal cord or cauda equina (ie, transverse myelitis, etc.) resulting in non-progressive neurological deficit.
- Infectious processes of the cord including abscesses, post-polio syndrome, or arachnoiditis.
- Primary syringomyelia.

Resulting in the following impairments:

- ASIA C1-S5 complete or incomplete SCI/D.

The following are NOT eligible mechanisms (per VHA Handbook 1176.01)

- Metastatic disease of the spine or spinal cord
- Multiple Sclerosis
- Guillian-Barre Syndrome
- Muscular Dystrophy
- Myasthenia Gravis
- ALS (amyotrophic lateral sclerosis)
- Diseases or injuries to the peripheral nervous system
- Spinal fracture, injury, or disease processes without significant spinal cord involvement/damage
- Paralysis due to lesions, injuries or diseases of the brain.
- “Quadriplegia”, tetraplegia, hemiplegia, or paraplegia due to lesions, injuries or diseases of the brain.
- Paralysis due to conversion reaction, malingering or other psychiatric or psychosomatic conditions.

Patients with the above ineligible conditions will be considered on a case-by-case basis for consultation only, and are not eligible for either primary care or admission to the SCI inpatient unit.

Criteria for admission to the formal inpatient or outpatient formal rehabilitation programs require an assessment of the patient and determination of rehabilitation potential related to functional improvement, discharge plans, and requirements for intensity of rehabilitation services.